



Cobb County Business License Division
191 Lawrence Street, Marietta, GA 30060-1692
Phone (770) 528-8410 Fax (770) 528-8414

Application For Sole Proprietor

This application **must** be submitted in person at the business license office. The application must be filled out **completely** to obtain a business license. Payment must be filed with the application to obtain a license. This application will not be processed if it is not accompanied by the appropriate tax or fee. **You will not be billed.** Please print with ink or type.

This business is:

- () New to Cobb County
() Ownership Change / Date ownership changed _____
() I am filing a address/ name change for license # _____

Is this business located: () Outside Cobb () In Unincorporated Cobb () Inside a City

1. Name Doing Business As _____ Phone # () _____

2. Business Address _____ Suite# _____ City _____ State _____ Zip _____

3. Mailing Address _____ Suite# _____ City _____ State _____ Zip _____

4. Is property zoned? () Residential () Commercial () Industrial

5. Full Detailed Description of Business _____

6. Estimated Gross Receipts in GA from this location for the remaining calendar year. \$ _____

7. Date Business began in Cobb County _____ # of employees in Cobb _____

8. State Sales Tax ID # _____ Federal ID # _____

9. Name of Sole Proprietor _____ SSN# _____

Home Address _____ Apt# _____ City _____ State _____ Zip _____

Home Phone () _____ D/O/B ____/____/____ Drivers License # _____ State _____

10. Person completing application _____ Title _____

Business Address _____ Apt# _____ City _____ State _____ Zip _____

Business Phone () _____ Fax # () _____

11. Name of manager(s) of this location _____

12. Have you the applicant, or anyone having any ownership of this business ever violated, been arrested, or convicted of any Federal or State Law, or any ordinance or resolution regulating any business? _____ If yes, please list all dates and locations of the offenses and disposition of charges. _____

13. Are you currently delinquent in payment of any taxes or fees to any state or local government? _____
If yes, Please indicate the type of tax or fee, the amount due with the reason the tax is delinquent. _____

Home Office Information

If you have a Home Office please indicate the individual responsible for the business license, business tax, or occupation tax.

1. Name _____ Title _____
Phone() _____ Fax() _____

2. Address _____ City _____ State _____ Zip _____

Emergency Information

Please provide below the individual the Police Department should contact in case of emergency in reference to the business.

1. Name _____ Phone() _____

2. Address _____ City _____ State _____ Zip _____

If this property is zoned residential no clients, employees, sales, deliveries, storage of inventory, or equipment are allowed on the premises. Only one commercial vehicle not to exceed 1 ½ tons used as transportation by the occupant may be parked at the residence.

I swear or affirm that I have obtained or will obtain within sixty days of the date of this application a Cobb County Certificate of Occupancy as required by State Law for the address listed on this application. I further understand I will call the Fire Marshal's Office with any questions regarding a Certificate of Occupancy at (770) 528-8310.

**I will comply with the Zoning Restrictions stated above: _____
(initials)**

Signature: _____

I, _____, affirm that the facts stated by me are true. I understand any misrepresentation or fraudulent statement is ground for automatic dismissal of this application and/or revocation of the license. I understand that all signs displayed on my premise must be permitted by the Cobb County Community Development Agency. I further understand that my business must be operated in compliance with all applicable state, federal & local laws, ordinances & regulations. The granting of this business license or payment of this occupation tax does not waive the right of any federal, state or local entity to regulate & enforce all laws, ordinances & regulations. This _____ day of _____, _____.

Signature of applicant _____
() Owner () Manager () Other _____

THIS APPLICATION IS SUBJECT TO THE APPROVAL OF THE FIRE PREVENTION BUREAU AND/ OR THE DEVELOPMENT AND INSPECTIONS DIVISION.

OFFICE USE ONLY:

Business License # _____ **SIC #** _____ **Category** _____ **BL Staff** _____

Tax or Fee _____ **Penalty** _____ **Interest** _____ **Total Due \$** _____

Receipt # _____

Method of Payment CASH / CHECK #
(Circle one)